



City of New Bedford
Department of Community Services
133 William Street ♦ Room 221 ♦ New Bedford, MA ♦ 02740
Phone: 508-961-3136 ♦ Fax: 508-991-6262

Volunteer Coordinator: Mali Lim ♦ E-mail: Mali.Lim@newbedford-ma.gov

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
 Last First M.I.
Address: _____
 Street Address Apartment/Unit #
 City State ZIP Code
Phone: () E-mail Address: _____

Experience & Skills

Areas of Interest

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Events / Festivals | <input type="checkbox"/> Translation / Interpreting | <input type="checkbox"/> Tourism Office |
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Neighborhood Cleanups | <input type="checkbox"/> Mentoring / Tutoring / ESL |
| <input type="checkbox"/> Other _____ | | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also hereby agree to waive any and all potential claims resulting from any act or omission of the CITY OF NEW BEDFORD, its officers, employees, volunteers, representatives, or agents arising out of, or in any way connected to, the activities associated with the project for which I have so generously volunteered my time and effort.

Signature: _____ Date: _____

Please return this Volunteer Application to:
Mali Lim, Volunteer Coordinator
Department of Community Services
133 William Street, New Bedford, MA 02740
or fax it to 508-991-6262 in attention to Mali Lim